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I hereby appoint:							
✓ Practitioners associated with the Customer Number:			75671				
OR							
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):							
	Name		Registration Number	Name		Registration Number	
<u> </u>			/			<u> </u>	
as attempt	(n) or accent(c)	to convenent the undersigned before	are the United States	Patent and Tradema	ork Office (USPTO) in co	nnection with	
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).							
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Telephone			Email				
Assignee Name and Address: Kapernelly Assets AG, LLC							
2711 Centerville Rd.							
Wilmington, DE 19808							
United States of America							
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of							
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SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signature We wan of engan					Date 4, 17, 09		
Name Melissa Coleman					Telephone		
Title	Authorized	Authorized Person for Kapernelly Assets AG, LLC					

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